Calendar No. 254

98TH CONGRESS
1st Session

SENATE

REPORT
No. 98-158

HEALTH PROMOTION AND DISEASE PREVENTION AMENDMENTS OF 1983

JUNE 21 (legislative day, JUNE 20), 1983.—Ordered to be printed

Mr. HATCH, from the Committee on Labor and Human Resources, submitted the following

REPORT

[To accompany S. 771]

The Committee on Labor and Human Resources, to which was referred the bill (S. 771) to revise and extend provisions of the Public Health Service Act relating to health promotion and disease prevention, to provide for the establishment of centers for research and demonstrations concerning health promotion and disease prevention, and for other purposes, having considered the same, reports favorably thereon with amendments and recommends that the bill as amended do pass.

I. SUMMARY OF THE BILL

S. 771 amends the Public Health Service Act (hereinafter referred to as the Act) as follows:

(1) Reauthorizes Title XVII of the Public Health Service Act—the office of Disease Prevention and Health Promotion in the Office of the Assistant Secretary for Health in HHS;

(2) Establishes the position of Assistant Director for Prevention at the National Institutes of Health;

(3) Requires an annual report of all activities in the Department of Health and Human Services relating to prevention medicine and health promotion;

(4) Requires the Secretary of HHS to make grants to academic health centers and schools of public health to establish centers for research in health promotion and disease prevention;

S543-9

(5) Waives the enrollment requirement for capitation grants for schools of public health for fiscal year 1983 and fiscal year 1984;

(6) Amends section 471 of the PHS Act to make clear that existing law permits Indian Public Health School scholarships to be available to clinical psychologists.

II. Background and Need for Legislation

HEALTH INFORMATION AND HEALTH PROMOTION

In 1976, Public Law 94-317 added a new title XVII, Health Information and Health Promotion, to the Public Health Service Act. The Congress enacted this legislation in response to its perception of the importance of the prevention of illness and the promotion of good health as an essential part of an effective health care system.

In its report in 1975 on S. 1466, the bill that was enacted into law as Public Law 94-317, this Committee noted substantial increases in annual expenditures for health in the U.S. over the previous 15 years, along with the doubling of the number of persons working the health industry over the same period. At that time the Committee felt that these increases in health expenditures and health manpower had not been accompanied by a proportionate improvement in the health status of the American people. The average life span of Americans, for instance, had been nearly constant for a decade.

The following table shows how life expectancy improved dramatically between 1900 and 1950, and then improved only slightly in the years which followed. It also shows how the gap between life expectancies of men and women widened significantly during the same period:

LIFE EXPECTANCY AT BIRTH, SELECTED YEARS 1900–78

[In years]

	Both sexes	Male	Female
1900	47.3	46.3	48.3
1950	68.2	65.6	71.1
1960	69.7	66.6	73.1
1970	70.8	67.1	74.7
1978	73.3	69.5	77.2

Source: Health-United States, 1981, U.S. Department of HHS, December 1981.

In the early part of this century, most illness and death was caused by infectious diseases, such as smallpox, cholera, tuberculosis, and others. These have been replaced in the latter half of the century as major causes of morbidity and mortality by chronic diseases, such as heart disease, cancer, stroke, diabetes.

In 1900, influenza and pneumonia caused 12 percent of all deaths in the U.S., tuberculosis caused 11 percent, and diarrhea and related diseases, 6 percent. In 1978 these infectious diseases were responsible for a much smaller percentage of total U.S. deaths—influenza/pneumonia, 2.5 percent; tuberculosis, 0.2 percent; and diarrhea, 0.9 percent.

The incidence of chronic diseases and of accidents as causes of death rose sharply over the same period. In 1900, cancer caused 5 percent of all deaths, in 1978, 22.1 percent; in 1900, heart disease caused 9 percent of all deaths, in 1978, 34.1 percent. The incidence in deaths from accidents nearly doubled, from 4 percent in 1900 to 7.3 percent in 1978.

Community-wide preventive health programs—environmental sanitation measures, clean water supplies, and childhood immunization programs—were responsible for the near-elimination of some infectious diseases. This Committee believes the reduction of the impact of many of today's chronic diseases which cause premature illness and death can also be achieved through preventive measures, but preventive measures of a different kind.

Prevention of today's chronic illnesses depends on individual action, rather than the community-wide actions that were so successful in reducing infectious diseases. Many of today's health problems relate to the unhealthy effects of certain individual personal choices—smoking and drinking alcohol, overeating, lack of exercise, the improper use of drugs, and failure to reduce stress.

Medical science has made great strides in recent years in developing surgical techniques, medical technology, and drugs for the treatment of many of the chronic diseases, but these are too often a case of "too little, too late." These therapies at the minimum relieve pain and suffering, and can often be successful in limiting disability. In fewer instances, they have been responsible for cures and for the prevention of death.

As successful as therapeutic medicine has been, however, it has had little impact in reducing the incidence of chronic disease. This Committee, in recommending the initial passage of the Health Information and Health Promotion Act of 1976, concluded that "there must be far greater emphasis on finding ways to reduce the incidence of diseases and conditions which result in suffering, disability, and death." It cited conclusive evidence that environment and individual lifestyles are major determinants of such afflictions as heart disease, cancer, stroke, and accidents.

In recommending the enactment of the 1976 legislation, the Committee intended to make health information and health promotion an essential part of the national effort to improve the health of the American people.

Title XVII of the Public Health Services Act, as established by Public Law 94-317, specifically authorized the Secretary to:

(1) Formulate national goals, and strategy to achieve such goals, with respect to health information and health promotion, preventive health services, and education in the appropriate uses of health care;

(2) Analyze the necessary and available resources for implementing those goals and strategies, and recommend appropriate educational and quality assurance policies for the needed manpower resources identified by such analysis;

(3) Undertake and support necessary activities and programs to incorporate appropriate health education components into all aspects of education and health care; increase the application and use of health knowledge, skills, and practices by the general population in its patterns of daily living; and establish

systematic processes for the exploration, development, demonstration, and evaluation of innovative health promotion concepts;

(4) Undertake and support research and demonstrations respecting health information and health promotion, prevention health services, and education in the appropriate use of health care;

(5) Undertake and support appropriate training in the operation of programs concerned with health information and health promotion;

(6) Undertake and support, through improved planning and implementation of tested models and evaluation of results, effective and efficient programs respecting health information and health promotion;

(7) Foster the exchange of information respecting research, demonstration, and training programs in health information and health promotion; and

(8) Create within HEW an Office of Health Information and Health Promotion to:

(a) Coordinate all activities within the Department which relate to health information and health promotion;

(b) Coordinate its activities with similar activities of organizations in the private sector; and

(c) Establish a national information clearinghouse to facilitate the exchange of information on health promotion.

In 1979, Congress, in Public Law 97-76, extended the authority of the Health Information and Health Promotion programs of title XVII for three years, through fiscal year 1982.

In 1979 and 1980, the Department published two major reports that serve as the basis of its current preventive health program. The 1979 report, "Healthy People," the Surgeon General's report on Health Promotion and Disease Prevention, outlined a national preventive health strategy. This report was followed in 1980 by "Promoting Health/Preventing Disease: Objectives for the Nation," which suggested specific and quantifiable objectives for each of 15 priority areas identified in "Healthy People." Attainment of these objectives would, according to the Department, lead to the realization of the overall goals set down in "Healthy People." During hearings before this Committee on April 25, 1983, Dr. Edward Brandt, Jr., Assistant Secretary for Health, testified that the Department is using these 15 priority areas as the focus of its current disease prevention/health promotion activities.

In addition, the Department has used the authority under title XVII to establish the National Health Promotion Community Network in cooperation with such major national organizations as the Red Cross, YMCA, Urban League, and the National Coalition of Hispanic Mental Health and Human Service Organizations. The Network provides the basis for community networks which establish and share, through the local branches of the national organizations methods for teaching the skills necessary to adopt healthier lifestyles.

The Department also operates the National Health Information Clearinghouse, which has distributed approximately 2 million

items to the general public and has answered over 40,000 individual requests for health information.

CENTERS FOR RESEARCH AND DEMONSTRATION OF HEALTH PROMOTION AND DISEASE PREVENTION

The enactment and subsequent implementation of the 1976 Health Information and Health Promotion Act have contributed to the current interest in the concept of disease prevention as an integral part of our national health care strategy. This and other legislation, and the program activities they have initiated and supported, constitute a significant first step in mobilizing the techniques of disease prevention and health promotion in the battle against those diseases and accidents that take such a health toll on our society.

In order for this effort to be successful in reducing the incidence and severity of chronic diseases and accidents, it is necessary that we learn more about disease prevention itself—what works, how it works, as well as how to get people to use what we know to help make their lives longer and healthier.

For instance, various factors, including smoking, nutrition, occupational and environmental hazards, and stress, have all been implicated as contributing to the onset of several kinds of cancer and heart disease. Much work remains to be done in studying the relationships between individual lifestyles and disease and the effects of environmental and occupational hazards. Research in these areas has many facets and encompasses a variety of scientific disciplines, such as epidemiology, biostatistics, environmental health, behavioral science, as well as the traditional biomedical fields.

Further, as appropriate methods of disease prevention and health promotion are discovered, they will have to be tested, demonstrated, and communicated effectively to public at large. Much of what is already known is not practiced by a larger proportion of our population.

In order to meet the need for a major expansion in research focusing on ways of promoting positive health and preventing disease, the Association of Schools of Public Health has developed the concept of a nationwide network of Centers for Research and Demonstration of Health Promotion and Disease Prevention. Such centers would conduct research, collect research findings and other information relevent to disease prevention and health promotion, and translate them into practice through technical assistance, education and demonstrations, and public information to groups, communities, and governmental agencies.

National networks of centers have been used effectively in combating such conditions as mental retardation and center. A program of centers utilizing the skills and experience of academic health centers could prove equally effective in preventing disease and promoting health.

ASSISTANT DIRECTOR OF NIH FOR PREVENTION

The National Institutes of Health, in the research it has conducted and supported over the years, has made an important contribution to the development of biomedical knowledge that has benefited

all mankind. It can be argued that all basic research into life science and disease, such as is carried out by the Institutes of NIH, is relevant to the prevention of disease. It is felt, however, by many in the field of preventive medicine, that certain areas of prevention research as defined within this field are not considered to be included in the domain of NIH. Such research subjects as disease epidemiology, immunization strategies, the effects of diet and other personal habits of the onset of disease, and the effects of environmental factors in the causation of disease are some of the areas that, according to those in the field of preventive health, receive little attention from NIH.

A cursory analysis of the research expenditures of NIH in the three years 1978–1980 shows that 28.1 percent of NIH research could be identified as research on disease prevention, but only 4.8 percent was identifiable as epidemiologic research, and an even smaller 2.9 percent could be attributed to research on health promotion. Perhaps the most telling finding of this analysis was that for 64.2 percent of the total, there was not sufficient information to make any sort of attribution. The conclusion that can be made from this analysis is that it is impossible to tell with any certainty to what extent the National Institutes of Health is allocating its research funds to prevention research.

Investigators with the skill and experience necessary for research in the field of preventive medicine are located in the various academic health institutions in the U.S., particularly in schools of public health and medical schools with departments of preventive medicine. Such schools, with faculties in epidemiology, biostatistics, preventive medicine, environment health, health policy, and social and behavorial sciences, could make a significant contribution in guiding NIH research in areas relevant to disease prevention and health promotion. An examination of the membership of NIH Public Advisory Groups, however, shows that there are very few public health and preventive medicine faculty members serving on these public advisory groups. The experience of these people could provide important additional input in guiding Federal biomedical research programs.

It is clear from these two brief analyses of the role that the field of disease prevention and health promotion plays, or does not play, in the research supported by NIH that steps should be taken to provide a sharper focus within that agency for the important facet of our national health care strategy. The creation of the position of Assistant Director of NIH for Prevention will help to provide a focal point for coordination and information sharing on these activities within all the Institutes.

SCHOOLS OF PUBLIC HEALTH CAPITATION GRANTS

Since 1976, schools of public health have been eligible for capitation assistance under section 770 of the PHS Act. The program has been an important source of financial support for these schools, but recently a problem has arisen in the eligibility of some schools of public health for this capitation assistance. The Act requires the schools, in order to qualify for the program, to provide assurances that they will maintain certain levels of enrollment of full-time,

first year students. Starting with the fall 1982 school year, some schools were unable, despite good faith efforts, to enroll the required number of new, full-time students, and were threatened with the loss of capitation assistance under section 771.

Total enrollment at these schools has not declined, just first year, full-time enrollment. The Association of Schools of Public Health testified before this Committee that because of the problem in the economy in recent years, many students at schools of public health continue their employment while pursuing public health studies as part-time students. These include mid-career professionals with families to support who cannot afford to be full-time students.

The result of this change in enrollment patterns is that schools of public health are training more public health professionals than in former years, but the majority of the students in the schools cannot be counted under the law to qualify the schools for capitation support. According to the Association of Schools of Public Health, this trend may continue; however, the committee supports section 771 enrollment requirements be waived only for two years. When title VII of the PHS Act is reauthorized in 1984, enrollment requirements and maintenance of non-federal support should be carefully reviewed, given allegations that such requirements may endanger the academic quality of education in schools of public health.

CLINICAL PSYCHOLOGISTS UNDER THE INDIAN HEALTH SCHOLARSHIP PROGRAM

Section 338G of the Public Health Service Act authorizes scholarship assistance to Indians studying to be health professionals in a variety of fields. Recipients of this assistance incur an active duty obligation to provide service to Indians upon completion of their training, either in the Indian Health Service or in private practice, if the Secretary approves. The Act does not include clinical psychologists in the list of health professionals for which this scholarship assistance is available, but under departmental regulations and in actual practice, scholarships are awarded to persons studying to become clinical psychologists. An amendment to section 338G to include psychologists in the list of health professions for which scholarships are available would codify current regulations and maintain the Department's flexibility to allocate scholarships according to demonstrated need.

III. Hearings

Hearings were held April 25, 1983 and testimony heard from Dr. Edward M. Brandt, Assistant Secretary of Health, Department of Health and Human Services; Dr. William Foege, Director of the Centers for Disease Control, HHS; Dr. Robert Graham, Director of the Health Resources and Services Administration, HHS; Dr. William Mayer, Director of the Alcohol, Drug Abuse and Mental Health Administration; Dr. James Wyngaarden, Director of the National Institutes of Health; Dr. William Bridgers, Dean of the School of Public Health, University of Alabama; Dr. F. Douglas Scutchfield, Dean of the Graduate School of Public Health, San

Diego State University; Dr. James O. Mason, National Governors Association, Executive Director of the Utah State Department of Health; Dr. Douglas S. Lloyd, Association of State and Territorial Health Officials, Director of the Connecticut State Department of Health.

Hearings were held April 26, 1983 and testimony heard from Beverly Sills, representing the March of Dimes, accompanied by Mr. Shorey and Mr. Salsburg; Dr. Ted Cooper, Executive Vice President of Upjohn, representing the American Red Cross, accompanied by Dr. Lou Barket; Drew Pearson, Dallas Cowboys Wide Receiver, representing the Distilled Spirits Council of the United States; Paul Gavaghan, Vice President of Scientific Research and Education, the Distilled Spirits Council of the United States; Edgar G. Davis, Vice President of Corporate Affairs, Eli Lilly Company, Chairman, Business Round Table Task Force on Health; Frances M. West, Vice Chairman, National Council for Patient Information and Education, accompanied by Robert Bachman; Dr. Joseph A. Boyle, Chairman of the Board of Trustees, American Medical Association, accompanied by Ross Rubin.

IV. Committee Views on S. 771

GENERAL

The Committee believes that the most serious public health problem within the United States at present is the rapidly increasing costs of providing quality health care for our citizens. The Committee further believes that no federal initiative could make a greater contribution to helping solve this problem than by expanding our understanding of preventive medicine and improving our capacity to conduct effective health promotion. This legislation is considered to represent a significant federal effort which can help the American people maintain and improve their own health and thereby diminish the prevalance of illness and the incidence of costly diseases which result in premature death and chronic disability. The Committee believes that changes in health behavior cannot be accomplished through federal legislation and regulations; however, the Committee deems it essential and appropriate for the federal government to improve its capacity to provide information to individuals, local and state public health agencies, and health professionals, to assist them in adopting healthy lifestyles.

PURPOSE OF LEGISLATION

(1) Title XVII of the Public Health Services is reauthorized to continue the Office of Disease Prevention and Health Promotion within the Office of the Assistant Secretary for Health. The statute is changed with the intention of focusing the activities on health promotion, and the authorization level increased to facilitate this office conducting the National Youth Sports Program. The Committee believes this office has been effective in its mandate to coordinate preventive medicine activities and disseminate health promotion information. The Committee recommends further efforts be made to assist the private sector and local and state public health

agencies in providing the most cost-effective and beneficial health promotion program for each region of the country.

(2) The Secretary of HHS is required to make grants to establish centers for research and demonstration in health promotion and disease prevention in academic health centers. The Secretary is given the authority to determine which agency within the public health service should administer this new program. The Committee recognizes that the Centers for Disease Control have a long history of expertise in public health with many personnel skilled in disciplines relevant to public health such as epidemiology, biostatistics, and risk assessment. However, the National Institutes of Health are recognized as the premiere medical research institutes in the world and approximately 80 percent of their budget is devoted to extramural research activities conducted at universities and research institutes throughout the nation. Consequently, the personnel at NIH have expertise and experience in peer review and grant and contract management which may render this agency the most appropriate to administer this new program. The Committee expects the Secretary will consult with Congress and representatives of public health and medical education in determining the appropriate administrative agency for this program.

The Committee has provided authority to create thirteen centers for research and demonstration in health promotion over the next three fiscal years, and believes these centers would most appropriately be located in schools of public health and in academic health centers with accredited graduate training programs in preventive medicine, community health, or with a multispecialty faculty who participate in a significant portion of the required curriculum. It believes this number of centers is necessary to assure reasonable geographic distribution which is essential to provide research opportunities for different population groups and study health promotion in areas with regional and cultural differences.

The Committee believes that the research activities appropriate for this initiative include those cited in the September 1978 Report of the Departmental Task Force on Prevention. (DHEW Publication No. 79–55071B)

(1) Community-based risk factor intervention demonstration programs.

(2) Studies of the childhood determinants of behavior related to health habits.

(3) Evaluation of health education and health promotion techniques.

(4) Studies on behavior related to the use of medication.

(5) Studies on the use of health hazard appraisal instruments.

(6) Long-term prospective population-based community epidemiologic studies monitoring health behavior, risk factors and relations to morbidity and mortality.

(7) Followup studies of participants in previous NCHS health surveys to measure survival, subsequent morbidity and use of health services.

(8) National occupational safety and health data system to provide early warning of hazards, monitor workers in high-risk industries, and provide postemployment followup.

(9) Benefit/cost analyses of prevention activities.

New knowledge in these respective areas is likely to best be obtained by conducting retrospective and longitudinally prospective studies in population groups and communities. In addition, these Centers should undertake demonstration projects that would translate and apply research findings in the community. To accomplish these efforts, the Committee recommends collaboration with networks of primary care clinical practices, several of which already are affiliated with academic health centers which sponsor postgraduate medical residency training in family practice, general internal medicine, and general pediatrics. These clinical practices provide a ready made data base for clinical epidemiological studies. Consequently, where these primary care community-based practice networks exist, the Committee recommends collaborative research efforts be initiated.

The Committee understands that an estimated 80 percent of individuals serving in public health positions have no formal training in preventive medicine or public health. Therefore, it is deemed an appropriate activity of the centers to conduct public health education activities to upgrade the skills and practice of public health personnel. This would result in an overall improvement in the practice of public health and provide an opportunity for cooperation of the centers with local and state public health agencies.

The Committee recognizes that effective research in preventive medicine and health promotion will require a multidisciplinary faculty that has a working relationship with colleagues in relevant fields of medicine, nursing, social work, maternal and child health, engineering, law, education and business. However, most important, any qualifying center must have a core faculty with expertise in the fields of epidemiology, biostatistics, behavioral medicine, and environmental health sciences. Any institutions qualifying for a center grant must be able to demonstrate an existing curriculum in disease prevention and health promotion, as well as residency training capability in public health or preventive medicine. Furthermore, centers should have personnel trained in health education and other relevant fields to provide services to individuals and to groups who desire to improve their functioning and take steps to avoid illness. These activities should be dispensed largely, if not entirely on a fee-for-service basis, and this source of funds should over time constitute a significant proportion of the financial support for centers.

The Committee does not believe there is adequate information at this time to recommend how initial core grant monies could most effectively be spent. Over the past decade there have been established federally funded networks of centers for research in disease categories such as cancer, cardiovascular disease, diabetes and arthritis and most recently prevention research in alcohol and drug abuse. These have proven successful, and useful in providing a stable base for research scientists. Therefore, the Committee recommends that prior to preparing regulations to administer these new centers for research and demonstration in health promotion and disease prevention, a Consensus Development Conference be held which will include leaders in public health, preventive medicine, and the Administration to determine how these funds might be

most efficiently and effectively utilized. A review of the specific accomplishments of existing research centers should be carefully considered, and general recommendations made on how much of the core grant funds should be spent for faculty support, training, to upgrade facilities, and to initiate relevant research and demonstration projects. The Committee believes that funds can appropriately be spent for refurbishing and renovation of facilities, but that these funds should not be spent for new construction. The Committee strongly believes that funding for additional individual research projects should remain on a competitive basis through the usual channels of peer review from the appropriate federal agencies and the Public Health Service.

In summary, the Committee believes that the creation of Centers or Research in Health Promotion and Disease Prevention is necessary and timely and a key element in the federal effort to control the dramatic increases in the costs of providing quality health care for our citizens. This legislation provides an opportunity to gain new knowledge essential to improving current methodologies in biostatistics, clinical epidemiology, risk assessment, and cost-effective health promotion. Because research centers have proven useful and successful in disease categories, the Committee believes the same approach is likely to provide great benefits in health promotion and disease prevention. However, it recognizes there are essential differences in existing programs and the current proposal, and therefore recommends that careful evaluation of all funded centers be undertaken after two years of their operation. Two years after enactment of this legislation, evaluation data from the Centers funded initially should be conveyed to Congress for review prior to reauthorization of the statute.

(3) The Secretary of HHS is required to prepare an annual report for Congress of all activities related to preventive medicine. The Committee recognizes that there exists in statute, Section 1705(a) of the Public Health Service Act, a requirement for an annual report to Congress providing information related to federal activities in health information and health promotion, preventive health services, and education in the appropriate use of health care. The report has provided useful information to Congress, and this legislation is intended to simply expand that requirement to include information regarding the number and type of personnel involved in such activities, and an estimate of federal funds devoted to these efforts. In general, the Committee is pleased with the progress in preventive medicine throughout the federal government and believes that many of the improvements in health statistics are due in large part to successful health promotion activities. Where possible, it is hoped that data will be provided to identify correlation between these efforts and improved health of our citizens.

V. Budget Estimate

U.S. Congress,
Congressional Budget Office,
Washington, D.C., June 13, 1983.

Hon. Orrin G. Hatch,
Chairman, Committee on Labor and Human Resources,
U.S. Senate, Washington, D.C.

Dear Mr. Chairman: Pursuant to Section 403 of the Congressional Budget Act of 1974, the Congressional Budget Office has prepared the attached cost estimate for S. 771, the Health Promotion and Disease Prevention Amendments of 1983, as ordered reported by the Senate Committee on Labor and Human Resources on May 25, 1983.

Should the Committee so desire, we would be pleased to provide further details on this estimate.

Sincerely,

James Blum
(For Alice M. Rivlin, Director).

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: S. 771.
2. Bill title: The Health Promotion and Disease Prevention Amendments of 1983.
3. Bill status: As ordered reported by the Senate Committee on Labor and Human Resources on May 25, 1983.
4. Bill purpose: The bill would revise and extend provisions of the Public Health Service Act relating to health promotion and disease prevention, to provide for the establishment of centers for research and demonstrations concerning health promotion and disease prevention, and for other purposes.
5. Cost estimate:

[By fiscal year, in millions of dollars]

	1984	1985	1986	1987	1988
Authorization levels:					
Health information and promotion (1701(b))	9.0	9.5	10.0	.....	.....
Academic health centers (1706(e))	3.0	8.0	13.0	.....	.....
Total authorization levels	12.0	17.5	23.0	.....	.....
Estimated outlays:					
Health information and promotion (1701(b))	4.3	6.2	7.7	4.1	3.2
Academic health centers (1706(e))	1.4	4.4	8.1	3.8	2.8
Total estimated outlays	5.7	10.6	15.8	7.9	6.0

The costs of this bill fall within function 550.

Basis for estimate: All authorization levels are stated in the bill. Authorized amounts are assumed to be fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of appropriate recent program data.

6. Estimated cost to State and local governments: The budgets of the state and local governments would not be affected directly by the enactment of this bill.

7. Estimate comparison: None.

8. Previous CBO estimate: None.

9. Estimate prepared by: Hinda Ripps Chaikind and Daniel McKeithen.

10. Estimate approved by: James L. Blum, Assistant Director for Budget Analysis.

VI. Regulatory Budget Statement

The Committee has determined that there will be minimal increase in regulatory burden of paperwork imposed by this bill.

VII. Tabulation of Votes Cast in Committee

The motion to favorably report the bill to the Senate was passed unanimously by voice of the Committee.

VIII. Section-by-Section Analysis of S. 771, the Health Promotion and Disease Prevention Amendments of 1983

Section 1 names the act (S. 771) the "Health Promotion and Disease Prevention Amendments of 1983".

Section 2(a)(1) amends section 1701(a) of the Public Health Service Act to provide for the establishment in the Office of the Assistant Secretary for Health (of the Department of HHS) of an Office of Health Promotion. This Office shall—

(a) coordinate all department activities related to health information and health promotion, preventive health services, and education in the appropriate use of health care;

(b) coordinate these activities with similar private sector activities;

(c) establish a national information clearninghouse to facilitate the exchange of, and access to, information relating to health information and health promotion, and assist in the analysis of issues and problems relating to such matters; and

(d) support projects, conduct research, and disseminate information relating to preventive medicine, health promotion, and physical fitness and sports medicine.

Section 2(a)(1) also provides for the appointment of a Director for the Office of Disease Prevention and Health Promotion and for the administration of this title by the Secretary in cooperation with health care providers, educators, voluntary organizations, and businesses in order to encourage the dissemination of health information and health promotion activities.

Section 2(a)(2) amends section 1701(b) of the PHS Act by striking out reference to grants and contracts under sections 1707, 1708, and 1709 (which are repealed) and inserting in its place reference to centers under a new section 1706. Section 2(a)(2) also amends section 1701(b) to authorize $8 million for fiscal year 1983, $9 million for fiscal year 1984, $9.5 million for fiscal year 1985, and $10 million for fiscal year 1986 for grants and contracts for health information and health promotion activities under title XVIII.

Section 2(b) repeals the last sentence of section 1703(b) referring to developments of models under section 1704.

Section 2(c) repeals paragraphs (5) and (6) of section 1704, referring to development of models and standards on health insurance policies and prepaid health plans and to assessment of new aspects of health care.

Section 2(d) repeals sections 1706 (Office of Health Information, Health Promotion and Physical Fitness and Sports Medicine), 1707 (Project Grants to State Councils on Physical Fitness for Physical Fitness Improvement), 1708 Project Grants for Physical Fitness Improvement and Research Projects), 1709 (National Program on Sports Medicine Research), and 1710 (Conference on Education in Lifetime Sports).

Section 2(e) adds two new sections to title XVII of the PHS Act:

The new section 1706 authorizes the Secretary of HHS to make grants and enter into contracts with academic health centers for the establishment, maintenance, and demonstration of health promotion and disease prevention. Such centers shall undertake research and demonstration projects in health promotion, disease prevention, and improved methods of appraising health hazards and risk factors, and shall serve as demonstration sites for the use of new and innovative research in public health techniques to prevent chronic diseases.

Each center established, maintained, or operated under this section shall:

1. Be located in an academic health center with:
   (a) a multidisciplinary public health faculty with working relationships with groups in such fields as medicine, psychology, nursing, social work, education, and business.
   (b) graduate training programs in disease prevention;
   (c) a core faculty in epidemiology, biostatistics, social sciences, behavioral and environmental health sciences, and health administration;
   (d) a demonstrated disease prevention curriculum;
   (e) a capability for residency training in public health and preventive medicine; and
   (f) other qualifications prescribed by the Secretary; and
2. Conduct:
   (a) health promotion and disease prevention research;
   (b) demonstration projects for the delivery of services related to health promotion and disease prevention to defined population groups; and
   (c) evaluations on the efficacy of such demonstration projects.

The section authorizes the Secretary to make grants and enter into contracts for the establishment of three centers in fiscal year 1984, and five more centers each in fiscal year 1985 and fiscal year 1986, and for the continued operation and maintenance of these centers.

In establishing the thirteen centers, the Secretary is required to provide for an equitable geographical distribution of centers and for the distribution of them among areas containing a wide range of population groups which exhibit incidences of diseases which are most amenable to preventive intervention.

The term "academic health center" is defined to mean a school of medicine, osteopathy, or public health, as defined in section 701(4) of the PHS Act.

The new section 1706 authorizes appropriations of $3 million in fiscal year 1984, $8 million in fiscal year 1985, and $13 million in fiscal year 1986 for centers for research and demonstration of health promotion and disease prevention.

The new section 1707 requires the Secretary to prepare and transmit by January 1, 1984, and annually thereafter, a report concerning all activities of the Department of HHS during the preceding fiscal year relating to preventive medicine and health promotion, including the number and type of personnel involved in such activities.

Section 3 of the bill amends section 471 of the PHS Act to require the appointment of an Assistant Director of the National Institute of Health for Prevention. The Director of NIH shall delegate to this Assistant Director those functions relating to the promotion of disease prevention research programs of the institutes and the coordination of such programs among the institutes and between them and other public and private entities.

Section 4 of the bill provides that, for any school of public health to be eligible for a grant under section 770 of the PHS Act (Capitation Grants) in fiscal year 1983 or fiscal year 1984 it must maintain a total number of students for the school year beginning in the fiscal year for which a grant is applied which at least equals the total number of full-time students enrolled in that school year beginning in fiscal year 1976.

Section 5 of the bill amends section 338G of the PHS Act to make Indian students studying to be clinical psychologists eligible for assistance under the Indian Health Scholarship Program.

IX. Changes in Existing Law

In compliance with rule XXVI, paragraph 12 of the Standard Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic existing law in which no change is proposed is shown in roman):

Public Health Service Act

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

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Part D—Primary Health Care

Subpart I—Primary Health Centers

HOSPITAL-AFFILIATED PRIMARY CARE CENTERS

Secs. 328–330. * * *

Subpart II—National Health Service Corps Program

NATIONAL HEALTH SERVICE CORPS

SECS. 331-338F. * * *

INDIAN HEALTH SCHOLARSHIP PROGRAM

SEC. 338G. (a) In addition to the sums authorized to be appropriated under section 756(a) to carry out the Scholarship Program, there are authorized to be appropriated $5,450,000 for the fiscal year ending September 30, 1978, $6,300,000 for the fiscal year ending September 30, 1979, $7,200,000 for the fiscal year ending September 30, 1980, $9,000,000 for the fiscal year ending September 30, 1981, $10,300,000 for the fiscal year ending September 30, 1982, $11,800,000 for the fiscal year ending September 30, 1983, and $13,600,000 for the fiscal year ending September 30, 1984, to provide scholarships under the Scholarship Program to provide physicians, osteopaths, dentists, veterinarians, nurses, optometrists, podiatrists, pharmacists, *clinical psychologists*, public health personnel, and allied health professionals to provide services to Indians. Such scholarships shall be desiginated "Indian Health Scholarships" and shall be made in accordance with this subpart, except as provided in subsection (b).

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TITLE IV—NATIONAL RESEARCH INSTITUTES

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PART I—GENERAL PROVISIONS

DIRECTORS OF INSTITUTES; *ASSISTANT DIRECTOR FOR PREVENTION*

SEC. 471. *(a)* The Director of the National Institutes of Health shall be appointed by the President by and with the advice and consent of the Senate; and the Director of the National Cancer Institute shall be appointed by the President. Except as provided in section 404(a)(8), the Director of the National Cancer Institute shall report directly to the Director of the National Institutes of Health.

(b) There shall be in the National Institutes of Health an Assistant Director for Prevention. The Director of the National Institutes of Health shall delegate to the Assistant Director for Prevention the functions of the Director relating to the promotion of the disease prevention research programs of the national research institutes and the coordination of such programs among the national research institutes and between the national research institutes and other public and private entities.

* * * * * * *

TITLE XVII—HEALTH INFORMATION AND HEALTH PROMOTION

GENERAL AUTHORITY

SEC. 1701. (a) The Secretary shall—

(1) formulate national goals, and a strategy to achieve such goals, with respect to health information and health promotion, preventive health services, and education in the appropriate use of health care;

(2) analyze the necessary and available resources for implementing the goals and strategy formulated pursuant to paragraph (1), and recommend appropriate educational and quality assurance policies for the needed manpower resources identified by such analysis;

(3) undertake and support necessary activities and programs to—

(A) incorporate appropriate health education components into our society, especially into all aspects of education and health care,

(B) increase the application and use of health knowledge, skills, and practices by the general population in its patterns of daily living, and

(C) establish systematic processes for the exploration, development, demonstration, and evaluation of innovative health promotion concepts;

(4) undertake and support research and demonstrations respecting health information and health promotion, preventive health services, and education in the appropriate use of health care;

(5) undertake and support appropriate training in the operation of programs concerned with, health information and health promotion, preventive health services, and education in the appropriate use of health care;

(6) undertake and support, through improved planning and implementation of tested models and evaluation of results effective and efficient programs respecting health information and health promotion, preventive health services, and education in the appropriate use of health care;

(7) foster the exchange of information respecting, and foster cooperation in the conduct of, research, demonstration, and training programs respecting health information and health promotion, preventive health services, and education in the appropriate use of health care;

(8) provide technical assistance in the programs referred to in paragraph (7); [and]

(9) use such other authorities for programs respecting health information and health promotion, preventive health services, and education in the appropriate use of health care as are available and coordinate such use with programs conducted under this title[.]; *and*

(10) establish in the Office of the Assistant Secretary for Health an Office of Disease Prevention and Health Promotion, which shall—

(A) coordinate all activities within the Department which relate to disease prevention, health promotion, preventive health servies, and health information and eduction with respect to the appropriate use of health care;

(B) coordinate such activities with similar activities in the private sector;

(C) establish a national information clearinghouse to facilitate the exchange of information concerning matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care, to facilitate access to such information, and to assist in the analysis of issues and problems relating to such matters; and

(D) support projects, conduct research, and disseminate information relating to preventive medicine, health promotion, and physical fitness and sports medicine.

[The Secretary shall administer this title in a manner consistent with the national health priorities set forth in section 1502 and with health planning and resourced development activities undertaken under titles XV and XVI.]

The Secretary shall administer this title in cooperation with health care providers, educators, voluntary organizations, businesses, and State and local health agencies in order to encourage the dissemination of health information and health promotion activities.

(b) For payments under grants and contracts under this title [(other than grants and contracts under sections 1707, 1708, and 1709)] *other than centers under section 1706* there are authorized to be appropriated $7,000,000 for the fiscal year ending September 30, 1977, $10,000,000 for the fiscal year ending September 30, 1978, $14,000,000 for the fiscal year ending September 30, 1979, $14,000,000 for the fiscal year ending September 30, 1980, $15,000,000 for the fiscal year ending September 30, 1981, [and] $16,000,000 for the fiscal year ending September 30, 1982, *$8,000,000 for the fiscal year ending September 30, 1983, $9,000,000 for the fiscal year ending September 30, 1984, $9,500,000 for the fiscal year ending September 30, 1985, and $10,000,000 for the fiscal year ending September 30, 1986.*

(c) No grant may be made or contract entered into under this title unless an application therefor has been submitted to and approved by the Secretary. Such an application shall be submitted in such form and manner and contain such information as the Secretary may prescribe. Contracts may be entered into under this title without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).

* * * * * * *

COMMUNITY PROGRAMS

SEC. 1703. (a) The Secretary is authorized to conduct and support by grant or contract (and encourage others to support) new and innovative programs in health information and health promotion, preventive health services, and education in the appropriate use of health care, and may specifically—

(1) support demonstration and training programs in such matters which programs (A) are in hospitals, ambulatory care settings, home care settings, schools, day care programs for children, and other appropriate settings representative of broad cross sections of the population, and include public education activities of voluntary health agencies, professional

medical societies, and other private nonprofit health organizations, (B) focus on objectives that are measurable, and (C) emphasize the prevention or moderation of illness or accidents that appear controllable through individual knowledge and behavior;

(2) provide consultation and technical assistance to organizations that request help in planning, operating, or evaluating programs in such matters;

(3) develop health information and health promotion materials and teaching programs including (A) model curriculums for the training of educational and health professionals and paraprofessionals in health education by medical, dental, and nursing schools, schools of public health, and other institutions engaged in training of educational or health professionals, (B) model curriculums to be used in elementary and secondary schools and institutions of higher learning, (C) materials and programs for the continuing education of health professionals and paraprofessionals in the health education of their patients, (D) materials for public service used by the printed and broadcast media, and (E) materials and programs to assist providers of health care in providing health education to their patients; and

(4) support demonstration and evaluation programs for individual and group self-help programs designed to assist the participant in using his individual capacities to deal with health problems, including programs concerned with obesity, hypertension, and diabetes.

(b) The Secretary is authorized to make grants to States and other public and nonprofit entities to assist them in meeting the costs of demonstrating and evaluating programs which provide information respecting the costs and quality of health care or information respecting health insurance policies and prepaid health plans, or information respecting both. [After the development of models pursuant to sections 1704(4) and 1704(5) for such information, no grant may be made under this subsection for a program unless the information to be provided under the program is provided in accordance with one of such models applicable to the information.]

(c) The Secretary is authorized to support by grant or contract (and to encourage others to support) private nonprofit entities working in health information and health promotion, preventive health services, and education in the appropriate use of health care. The amount of any grant or contract for a fiscal year beginning after September 30, 1978, for an entity may not exceed 25 per centum of the expenses of entity for such fiscal year for health information and health promotion, preventive health services, and education in the appropriate use of health care.

INFORMATION PROGRAMS

SEC. 1704. The Secretary is authorized to conduct and support by grant or contract (and encourage others to support) such activities as may be required to make information respecting health information and health promotion, preventive health service, and educa-

tion in the appropriate use of health care available to the consumers of medical care, providers of such care, schools, and others who are or should be informed respecting such matters. Such activities may include at least this following:

(1) The publication of information, pamphlets, and other reports which are specially suited to interest and instruct the health consumer, which information, pamphlets, and other reports shall be updated annually, shall pertain to the individual's ability to improve and safeguard his own health; shall include material, accompanied by suitable illustrations, on child care family life and human development, disease prevention (particularly prevention of pulmonary disease, cardiovascular disease, and cancer) physical fitness, dental health, environmental health, nutrition, safety and accident prevention, drug abuse and alcoholism, mental health, management of chronic diseases (including diabetes and arthritis), and venereal diseases; and shall be designed to reach populations of different languages and of different social and economic backgrounds.

(2) Securing the cooperation of the communication media, providers of health care, schools, and others in activities designed to promote and encourage the use of health maintaining information and behavior.

(3) The study of health information and promotion in advertising and the making to concerned Federal agencies and others such recommendations respecting such advertising as are appropriate.

(4) The development of models and standards for the publication by States, insurance carriers, prepaid health plans, and others (except individual health practitioners) of information for use by the public respecting the cost and quality of health care, including information to enable the public to make comparisons of the cost and quality of health care.

[(5) The development of models and standards for the publication by States, insurance carriers, prepaid health plans, and others of information for use by the public respecting health insurance policies and prepaid health plans, including information on the benefits provided by the various types of such policies and plans, the premium charges for such policies and plans, exclusions from coverage or eligibility for coverage, cost sharing requirements, and the ratio of the amounts paid as benefits to the amounts received as premiums and information to enable the public to make relevant comparisons of the costs and benefits of such policies and plans.

[(6) Assess, with respect to the effectiveness, safety, cost, and required training for and conditions of use, of new aspects of health care and new activities, programs, and services designed to improve human health and publish in readily understandable language for public and professional use such assessments and, in the case of controversial aspects of health care, activities, programs, or services, publish differing views or opinions respecting the effectiveness, safety, cost, and required

training for and conditions of use, of such aspects of health care, activities, programs, or services.]

* * * * * * *

[OFFICE OF HEALTH INFORMATION, HEALTH PROMOTION AND PHYSICAL FITNESS AND SPORTS MEDICINE

[SEC. 1706. (a) The Secretary shall establish within the Office of the Assistant Secretary for Health an Office of Health Information, Health Promotion and Physical Fitness and Sports Medicine which shall—

[(1) coordinate all activities within the Department which relate to health information and health promotion, preventive health services, and education in the appropriate use of health care;

[(2) coordinate its activities with similar activities of organizations in the private sector;

[(3) establish a national information clearinghouse to facilitate the exchange of information concerning matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care, to facilitate access to such information, and to assist in the analysis of issues and problems relating to such matters; and

[(4) support projects, conduct research, and disseminate information in the areas of physical fitness and sports medicine.

[(b) The Office shall also—

[(1) assist, and foster research, investigations, and model projects on the nature of physical fitness, the development of physical fitness and the relation of physical fitness to health;

[(2) assist, and foster research and investigations into the utilization of sports medicine, the development of sports medicine techniques, and the application of sports medicine throughout organized systems of athletic competition and in personal physical fitness development activities at every age and competition level;

[(3) foster and assist research into the proper role of nutrition in physical fitness programs;

[(4) promote the coordination of research and model programs conducted by the Office with similar programs conducted by other agencies of the Federal Government and other public and private organizations;

[(5) communicate the results of the studies in the widest possible manner to the American people and to special groups with particular interests and special needs in the development of physical fitness, such as young children, the handicapped, senior citizens, and workers in occupations which present special risks of physical disability; and

[(6) have a Director appointed by the Secretary.

[(c) The President's Council on Physical Fitness shall serve as the Advisory Body of the Office on all matters related to physical fitness. The activities of the Office and guidelines for the physical fitness programs supported by the Office shall be in conformance to guidelines developed by the President's Council on Physical Fitness.]

[PROJECT GRANTS TO STATE COUNCILS ON PHYSICAL FITNESS FOR PHYSICAL FITNESS IMPROVEMENTS

[SEC. 1707. (a) The Office may make grants to each State for the establishment by the Governor of a State Council on Physical Fitness or appropriate similar administative unit.

[(b) The State Council shall consist of at least fifteen members, chosen by the Governor to serve terms of four years, and appointed from among persons who have distinguished records in the areas of physical fitness, sports medicine, public health, athletic competition, education, labor, business management, and nutrition.

[(c) It shall be the duty of the State Council on Physical Fitness to—

[(1) promote the development of physical fitness with the assistance of local health and educational agencies, business, labor unions, health action and advocacy groups, religious, fraternal and social organizations, community based multiservice recreational agencies, and health maintenance organizations;

[(2) assess the physical fitness and nutrition status of residents of the State;

[(3) plan and administer a program of grants-in-aid to support physical fitness projects, research projects, and public information efforts to promote the development of physical fitness for the residents of the State;

[(4) evaluate and improve the availability and quality of sports medicine and athletic trainer programs in the State.

[(d) Each State shall be eligible for a grant under this section in an amount which is equal to not less than 1 per centum of the funds appropriated for the purposes of this section. The first $75,000 of grant funds to each State under this section shall not be made until an amount equal to the amount of the grant is made available to the State for the purposes of this section from non-Federal sources.

[(e) Funds made available for the purposes of this section shall not be used to supplant non-Federal funds.

[(f) Fifty per centum of the funds appropriated under section 1708(c) shall be allocated for the purposes of this section.

[(g) In submitting an annual application for funds under this section the applicant must provide a description of all projects intended to be funded under subsection (c)(3).]

[PROJECT GRANTS FOR PHYSICAL FITNESS IMPROVEMENT AND RESEARCH PROJECTS

[SEC. 1708. (a) The Director of the Office may make grants or enter into contracts with public or private entities to conduct research and establish model projects with regard to improvement of physcial fitness.

[(b) Projects encompassed under this section may encompass—

[(1) entire small communities both urban and rural,

[(2) educational settings for a variety of age groups,

[(3) occupational settings,

[(4) groups of handicapped individuals, and

[(5) groups of senior citizens.

[(c) There are authorized to be appropriated for the purposes of section 1707, section 1706, and this section $6,000,000 for the fiscal year ending September 30, 1980, and $6,000,000 for the fiscal year ending September 30, 1981.]

[NATIONAL PROGRAM ON SPORTS MEDICINE RESEARCH

[SEC. 1709. (a) The Office shall establish a program of project grants to conduct research into the problem of athletic injuries with specific concentration on frequency of injuries, seriousness of injuries, the development of training and conditioning techniques and the development of athletic protective equipment to enable participants to avoid injuries to the maximum extent feasible, recovery rates, and problems associated with full recovery from athletic injuries.

[(b) The Office shall, in cooperation with the President's Council on Physical Fitness, establish a Clearinghouse on Sports Medicine Research to disseminate the results of that research to practitioners in relevant fields of health care and physical fitness.

[(c) There are authorized to be appropriated to carry out the purposes of this section $1,500,000 for the fiscal year ending September 30, 1980, and $1,500,000 for the fiscal year ending September 30, 1981.

[CONFERENCE ON EDUCATION IN LIFETIME SPORTS

[SEC. 1710. (a) The Office and the Office of Education of the Department of Health, Education, and Welfare shall conduct a joint conference during 1979 on the teaching and support of educational programs in lifetime sports by secondary and postsecondary educational institutions.

[(b) The purpose of the Conference shall be to explore current programs on lifetime sports within these institutions and to support the expansion of such educational programs in other institutions of secondary and postsecondary education.]

CENTERS FOR RESEARCH AND DEMONSTRATION OF HEALTH PROMOTION AND DISEASE PREVENTION

SEC. 1706. (a) The Secretary shall make grants and enter into contracts with academic health centers for the establishment, maintenance, and operation of centers for research and demonstration with respect to health promotion and disease prevention. Centers established, maintained, or operated under this section shall undertake research and demonstration projects in health promotion, disease prevention, and improved methods of appraising health hazards and risk factors, and shall serve as demonstration sites for the use of new and innovative research in public health techniques to prevent chronic diseases.

(b) Each center established, maintained, or operated under this section shall—

(1) be located in an academic health center with—

(A) a multidisciplinary public health faculty which has demonstrated working relationships with relevant groups

in such fields as medicine, psychology, nursing, social work, education and business;

(B) graduate training programs relevant to disease prevention:

(C) a core faculty in epidemiology, biostatistics, social sciences, behavioral and environmental health sciences, and health administration;

(D) a demonstrated curriculum in disease prevention;

(E) a capability for residency training in public health and preventive medicine; and

(F) such other qualifications as the Secretary may prescribe;

(2) conduct—

(A) health promotion and disease prevention research, including retrospective studies and longitudinal prospective studies in population groups and communities;

(B) demonstration projects for the delivery of services relating to health promotion and disease prevention to defined population groups using, as appropriate, community outreach and organization techniques and other methods of educating and motivating communities; and

(C) evaluation studies on the efficacy of demonstration projects conducted under subparagraph (B) of this paragraph.

(c)(1) During fiscal year 1984, the Secretary shall make grants and enter into contracts for the establishment of three centers under this section. During fiscal year 1985, the Secretary shall make grants and enter into contracts for the establishment of five centers under this section and the maintenance and operation of the three centers established under this section in fiscal year 1984. During fiscal year 1986, the Secretary shall make grants and enter into contracts for the establishment of five centers under this section and the operation and maintenance of the eight centers established under this section in fiscal years 1984 and 1985.

(2) In making grants and entering into contracts under this section, the Secretary shall provide for an equitable geographical distribution of centers established, maintained, and operated under this section and for the distribution of such centers among areas containing a wide range of population groups which exhibit incidences of diseases which are most amenable to preventive intervention.

(d) For purposes of this section, the term "academic health center" means a school of medicine, a school of osteopathy, or a school of public health, as such terms are defined in section 701(4).

(e) To carry out this section, there are authorized to be appropriated $3,000,000 for the fical year ending September 30, 1984, $8,000,000 for the fiscal ending September 30, 1985, and $13,000,000 for the fiscal year ending September 30, 1986.

REPORT ON PREVENTIVE MEDICINE AND HEALTH PROMOTION

SEC. 1707. By January 1, 1984, and annually thereafter, the Secretary shall prepare and transmit to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and

Commerce of the House of Representatives a report concerning all activities of the Department of Health and Human Services during the preceding fiscal year relating to preventive medicine and health promotion, including the number and type of personnel involved in such activities during such fiscal year and an estimate of the total amount expended during such fiscal year to carry out such activities.

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Other Laws Affected by This Act

ALCOHOL AND DRUG ABUSE AMENDMENTS OF 1983

(PUBLIC LAW 98–24)

SECTION 1. * * *

THE ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION AND THE NATIONAL INSTITUTE OF MENTAL HEALTH, THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM, AND THE NATIONAL INSTITUTE ON DRUG ABUSE

SEC. 2. (a)(1) Title V of the Public Health Service Act is transferred to the end of the Public Health Service Act and redesignated as title XXI and sections 501 through 515 are redesignated as sections 2101 through 2115, respectively.

(2) Sections 217(c), 217(d), and 384 of the Public Health Service Act (42 U.S.C. 218 and 278) are each amended by striking out "501" and inserting in lieu thereof "2101".

(b)(1) The Public Health Service Act is amended by inserting after title IV a new title designated as follows:

TITLE V—ADMINISTRATION AND COORDINATION OF THE NATIONAL INSTITUTE OF MENTAL HEALTH, THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM, AND THE NATIONAL INSTITUTE ON DRUG ABUSE

PART A—ADMINISTRATION AND INSTITUTES

(2) Section [210] *201* of the May 14, 1974 (42 U.S.C. 3511) is transferred to title V of the Public Health Service Act established by paragraph (1), redesignated as section 501, and amended—

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PART C—MISCELLANEOUS PROVISIONS RELATING TO ALCOHOL ABUSE AND ALCOHOLISM AND DRUG ABUSE

Subpart 1—Provisions Relating to Alcohol Abuse and Alcoholism

(13) Section [201, 301] *301, 201,* 321, and 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 are transferred to the part C of title V established by paragraph (12), redesignated as sections 520, 521, 522, and 523, respectively, and amended as follows:

(A) Section 520 (as so redesignated) is amended—

(i) by striking out "the Institute" in subsection (a) and inserting in lieu thereof "the National Institute on Alcohol Abuse and Alcoholism",

(ii) by striking out "section 321" in subsection (a)(4) and inserting in lieu thereof "section 522", and

(iii) by striking out "under this Act and under the Drug Abuse Prevention, Treatment, and Rehabilitation Act" and inserting in lieu thereof "under this title".

(B) Section 521 (as so redesignated) is amended—

(i) by striking our "section 413(b) of the Drug Abuse Prevention, Treatment, and Rehabilitation Act" in subsection (b)(4) and inserting in lieu thereof "section 525",

(ii) by striking out "title" in subsection (d) and inserting in lieu thereof "section", and

(iii) by striking out subsection (e).

(C) Section 522 (as so redesignated) is amended by striking out "of the Public Health Service Act" in subsection (a).

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